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Maria Lilia Lily Moncivais

At City Of Marion Va

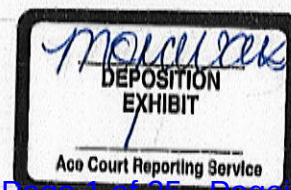
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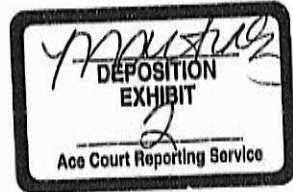
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DRIVER'S APPLICATION FOR EMPLOYMENT



Applicant Name Isabel Martinez SK Date of Application _____
(print)
Company Seaboard Express
Address 1246 Landa
City Logans State TX Zip 78076

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature Isabel Martinez Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED 7-22-16 REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® does not assume any responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

Position(s) Applied for Driver
 Name Jose L. Martinez Social Security No. 539-729624
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address 1109 Suarez St. Jopala
 Street City
Jopala TCUUS 78076 Phone 956 687-9830 How Long? 15
 State Zip Code yr./mo.
 Previous Addresses
 Street City State & Zip Code How Long? yr./mo.
 Street City State & Zip Code How Long? yr./mo.
 Street City State & Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? Yes

Date of Birth 01 / 26 / 1975 Can you provide proof of age? Yes
 (Required for Commercial Drivers)

Have you worked for this company before? No Where? _____

Dates: From 1/1 To 1/1 Rate of Pay 1.00 Position 1

Reason for leaving NO

Are you now employed? Yes If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? NO

If yes, explain if you wish. NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	ADDRESS	FROM MO. YR.	TO MO. YR.
<u>Jose L. Martinez Jr.</u>	<u>P.O. Box 1211</u>		
<u>Jopala</u>	<u>STATE <u>TX</u> ZIP <u>78076</u></u>		
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 391? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Company Name Salinas Express

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Israel Martinez Jr
Applicant's signature

Date

Israel Martinez Jr
Print name

02443786
ID number

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

in accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I do hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS PO Box 1211 Lepate TX 78274
(Number & Street) (City) (State) (Zip Code)

HOME ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH 01-26-1975 SSN 539-72-5624 LICENSE NO. 02443784

REQUESTED BY _____

(Name of Company)

(Typed Name)

(Address)

(Title)

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) Israel Medina Jr

Employee ID No. _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M. _____ P.M. _____ On _____ Day _____ Month _____ Year _____
Time _____
Israel Medina Jr Driver's Signature _____ Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (B) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

(check one)
☐ Yes ☒ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes ☒ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Israel Medina Jr
Driver's Signature _____

Date

Witness: _____

Company Representative

Date

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT) <i>Isabel Martinez T.</i>	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE) <i>Lubbock Texas 79070</i>	DRIVER'S LICENSE NUMBER <i>02443784</i>	STATE <i>TX</i> EXPIRATION DATE <i>01-26-2019</i>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation other than those I have provided under Part 383) required to be listed during the past 12 months.

Signature _____ Driver's Signature *Isabel Martinez*

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

Motor carrier hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she meets (check one):

Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Person taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. 02443726 State TX Exp. Date 01-26-2017

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): Ismael Martinez Jr.

Driver's Signature: [Signature] Date: _____

Notes: _____

(This form is not required for DOT compliance.)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation. (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
Last Name (Family Name) <i>Martinez</i>		First Name (Given Name) <i>Jose</i>		Middle Initial <i>JR</i>	Other Names Used (if any)
Address (Street Number and Name) <i>P.O. Box 1211</i>		Apt. Number	City or Town <i>Laredo</i>	State <i>TX</i>	Zip Code <i>78071</i>
Date of Birth (mm/dd/yyyy) <i>01-26-1975</i>	U.S. Social Security Number <i>535-72-9624</i>	E-mail Address			Telephone Number <i>956-282-9835</i>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (See Instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <i>Jose Martinez</i>	Date (mm/dd/yyyy):
---	--------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:				Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town	State	Zip Code	

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1105 Juarez		Apache	Tx	78076

Section 3. Reverification and Release (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Release (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:		Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: Israel Martinez Jr
(print)

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☒ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: Israel Martinez Jr Date: _____

Witnessed By: _____ Date: _____
(signature)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.



2029486336

CLINICAL REFERENCE
LABORATORY
8433 OLIVIRA • LENEXA, KANSAS 66215

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No. Enter Remark: _____ Collection: ☒ Split ☐ Single ☐ None Provided. Enter Remark: _____ ☐ Observed. Enter Remark: _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, stored, sealed and released in the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

X _____
Signature of Collector
(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____ Time of Collection _____ AM _____ PM _____
Name of Delivery Service _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____
Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Daytime Phone No. 956 289-9342 Evening Phone No. () _____ Date of Birth 1-06-1975

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of these medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THIS FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE for: _____☐ DILUTE☐ REFUSAL TO TEST because - check reason(s) below: _____☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason): _____☐ SUBSTITUTED☐ OTHER _____

REMARKS

Dr. Oscar Perez MD, MRC

Lareno Examiners Inc.

X _____
Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for: _____☐ TEST CANCELLED☐ FAILED TO RECONFIRMED for: _____

REMARKS

X _____
Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

CLRD 10/15/2015

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

Attorney 19

Write a comment...

Add to Timeline

Hide

Attorney Work Product



Israel Martinez with
September 23, 2016

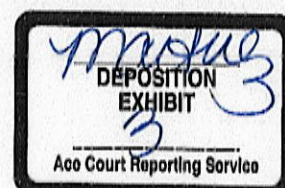
Here at rest area at Tuscaloosa Alabama



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Maria Lilia Lily Mendivals and 12 others

1 share



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Israel Martinez will
October 1, 2016

Attorney Work Product

Puro salinas



Attorney Work Product



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Maria Lilia Lily Moncivais


Bonding time ...aver como nos va ..quidanos Dios...en tus manos vamos

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
Monica Carrera

Be safe enjoy! 😊

Like ·  1 · [Reply](#) · [Report](#) · Aug 18, 2015

Maria Lilia Lily Moncivais


Ty

Like ·  1 · Reply · Report · Aug 18, 2015

1 reply

Maria Davila

Safe travels sis..love you

Like ·  1 · Reply · Report · Aug 18, 2015


Maria Lilia Lily Moncivais

Ty sis

Like · Reply · Report · Aug 18, 2015

Otoniel Marquez

Saludos suerte Dios los bendiga

Like ·  1 · Reply · Report · Aug 18, 2015


Maria Lilia Lily Moncivais

Gracias Toni

Like · Reply · Report · Aug 18, 2015

Elaine De Leon

Nice very nice

Like ·  1 · Reply · Report · Aug 19, 2015

Maria Lilia Lily Moncivais

Ty cuz

Like · Reply · Report · Aug 19, 2015

Israel Martinez

Thanks tony

Like · Reply · Report · Aug 19, 2015

Gloria Roberts

Safe travels prima....God bless the both of you. Take plenty of photos and post them. Love you beautiful.

Like · Reply · Report · 9 hours ago

Write a comment...

Comment

Attach a Photo · Mention Friends



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Like



Comment



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Maria Lilia Lily Moncivais

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Maria Lilia Lily Moncivais and 23 others like this.

Grace Munoz

C what you did to him.....he's already gray

[Like](#) · [Reply](#) · [Report](#) · Aug 18, 2015

Maria Lilia Lily Moncivais



Like · Reply · Report · Aug 18, 2015

Maria Lilia Lily Moncivals



Like · Reply · Report · Aug 18, 2015

Grace Munoz

Lol

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Maria Lilia Lily Moncivals

Dice que se ve maduro. ..yo le digo te estas callendo de maduro. .lol

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Maria Lilia Lily Moncivals



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Grace Munoz

Tell him I said he looks good with gray

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